

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584971

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11		1				
12			1			
13			1			
14			1			
15			1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	10	←	9	←		←
TOTAL CLAIMS	11		10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←		←		←
TOTAL CLAIMS						